

thought that products of other manufacturers who produced spandex containing mercaptobenzothiazole were responsible for the allergic reaction to spandex garments. Since 1967 it has become very evident that this is not the case and even though the products listed above contain none of the offending mercaptobenzothiazole one still sees the burning, itching, eczematous rash tracing the specific outline of the spandex bra. These reactions are especially severe if the new spandex bra or girdle is worn on an evening when the patient had alcoholic drinks.

This old nucleus, the polyurethane nucleus, is still very much with us and when one sees dermatitis on the area covered by a brassiere or girdle one is well advised to read the label and look for the word "spandex."

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Health Hazard Appraisal— Prospective Medicine

A NEW AID in patient care that evaluates the risk of an illness before it strikes has been developed and is called "health hazard appraisal." This method is one of the newer developments in medicine's continuing attempt to carry preventive medicine into the prospective field.

In several areas of the country, methods have been developed for using a computer to evaluate a patient's risk of disease. The data obtained can be discussed with the patient so that he may determine the desirability of changing his life style to decrease the risk of the more common causes of death.

The patient's personal physician takes the information (which includes physical findings, laboratory findings and a health questionnaire that surveys family history and personal habits) and this is entered into a computer. The individual's risk factors are determined and outlined in such a manner that the patient may determine his life expectancy with his current risk. The patient is also given an estimate of the additional life expectancy he would have if he corrected the correctable factors.

This computerized technique is now available

to any physician who desires it through laboratories throughout the country.

Prospective medicine is merely another way in which the modern physician may be able to increase the longevity of his patients and attempt to truly prevent illness.

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Cromolyn in the Prevention and Treatment of Asthma

CROMOLYN SODIUM (Intal®, Aarane®) is a recently approved antiasthmatic drug which has now been released for general prescription use in the United States. This drug has a mechanism of action unlike any previously used mode of antiasthmatic therapy. Cromolyn sodium (CS) has been in general use in Europe for several years and in Great Britain since 1968. It appears useful in the prevention of asthmatic attacks, especially pollen allergy asthma which comes on a seasonal basis. Cromolyn is administered as a dry powder, combining twenty milligrams of cromolyn sodium and twenty milligrams of lactose in a capsule. A special inhalation device permits inhalation of the powder in about five or six deep breaths. Administration is one capsule four times a day at regular intervals. The drug cromolyn is not of great use in the treatment of established asthmatic attacks and has no bronchodilator effect. Its mode of action is generally conceded to be by stabilizing the membrane of the mast cells in the bronchial wall. This blocks the antigen-antibody release of histamine by preventing disruption of these mast cells.

Effectiveness of CS can be demonstrated by pretreatment with inhalations of powder and then challenge, using pollens known to produce asthma in a given patient. The most startling effectiveness of the drug has been in young asthmatics with relatively little element of infection and with severe restriction of exercise tolerance. CS seems to prevent the usual delayed asthma attack from prolonged exercise and many of the treated children are released for full participation in games and running by the administration of the protective medication.

The second and very promising use of cromolyn